



This is an official
CDC Health Advisory

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**Notice to Public Health Officials and Clinicians: Recognizing,
Managing, and Reporting Chikungunya Virus Infections in Travelers
Returning from the Caribbean**

Summary

On December 7, 2013, the World Health Organization (WHO) reported the first local (autochthonous) transmission of chikungunya virus in the Americas. As of December 12th, 10 cases of chikungunya have been confirmed in patients who reside on the French side of St. Martin in the Caribbean. Laboratory testing is pending on additional suspected cases. Onset of illness for confirmed cases was between October 15 and December 4. At this time, there are no reports of other suspected chikungunya cases outside St. Martin. However, further spread to other countries in the region is possible.

Chikungunya virus infection should be considered in patients with acute onset of fever and polyarthralgia, especially those who have recently traveled to the Caribbean. Healthcare providers are encouraged to report suspected chikungunya cases to their state or local health department to facilitate diagnosis and to mitigate the risk of local transmission.

Background

Chikungunya virus is a mosquito-borne alphavirus transmitted primarily by *Aedes aegypti* and *Aedes albopictus* mosquitoes. Humans are the primary reservoir during epidemics. Outbreaks have been documented in Africa, Southern Europe, Southeast Asia, the Indian subcontinent, and islands in the Indian and Pacific Oceans. Prior to the cases on St. Martin, the only chikungunya cases identified in the Americas were in travelers returning from endemic areas.

Clinical Disease

A majority of people infected with chikungunya virus become symptomatic. The incubation period is typically 3–7 days (range, 2–12 days). The most common clinical findings are acute onset of fever and polyarthralgia. Joint pains are often severe and debilitating. Other symptoms may include headache, myalgia, arthritis, or rash. Persons at risk for more severe disease include neonates (aged <1 month) exposed intrapartum, older adults (e.g., > 65 years), and persons with underlying medical conditions (e.g., hypertension, diabetes, or cardiovascular disease).

Diagnosis

Chikungunya virus infection should be considered in patients with acute onset of fever and polyarthralgia who recently returned from the Caribbean. Laboratory diagnosis is generally accomplished by testing serum to detect virus, viral nucleic acid, or virus-specific immunoglobulin M (IgM) and neutralizing antibodies. During the first week of illness, chikungunya virus infection can often be diagnosed by using viral culture or nucleic acid amplification on serum. Virus-specific IgM and neutralizing antibodies normally develop toward the end of the first week of illness. To definitively rule out the diagnosis, convalescent-phase samples should be obtained from patients whose acute-phase samples test negative.

Chikungunya virus diagnostic testing is performed at CDC, two state health departments (California and New York), and one commercial laboratory (Focus Diagnostics). Healthcare providers should contact their state or local health department to facilitate testing.

Treatment

No specific antiviral treatment is available for chikungunya fever. Treatment is generally palliative and can include rest, fluids, and use of analgesics and antipyretics. Because of similar geographic distribution and symptoms, patients with suspected chikungunya virus infections also should be evaluated and managed for possible dengue virus infection. People infected with chikungunya or dengue virus should be protected from further mosquito exposure during the first few days of illness to prevent other mosquitoes from becoming infected and reduce the risk of local transmission.

Prevention

No vaccine or preventive drug is available. The best way to prevent chikungunya virus infection is to avoid mosquito bites. Use air conditioning or screens when indoors. Use insect repellents and wear long sleeves and pants when outdoors. People at increased risk for severe disease should consider not traveling to areas with ongoing chikungunya outbreaks.

Recommendations for Health Care Providers and Public Health Practitioners

- Chikungunya virus infection should be considered in patients with acute onset of fever and polyarthralgia, especially those who have recently traveled to the Caribbean.
- Healthcare providers are encouraged to report suspected chikungunya cases to their state or local health department to facilitate diagnosis and to mitigate the risk of local transmission.
- Health departments should perform surveillance for chikungunya cases in returning travelers and be aware of the risk of possible local transmission in areas where *Aedes* species mosquitoes are currently active.
- State health departments are encouraged to report laboratory-confirmed chikungunya virus infections to ArboNET, the national surveillance system for arthropod-borne viruses.

For More Information

- General information about chikungunya virus and disease: <http://www.cdc.gov/chikungunya/>
- Chikungunya information for clinicians: http://www.cdc.gov/chikungunya/pdfs/CHIKV_Clinicians.pdf
- Protection against mosquitoes: <http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-2-the-pre-travel-consultation/protection-against-mosquitoes-ticks-and-other-insects-and-arthropods>
- Travel notices related to chikungunya virus: <http://wwwnc.cdc.gov/travel/notices>
- Information about chikungunya for travelers and travel health providers: <http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-3-infectious-diseases-related-to-travel/chikungunya>
- Chikungunya preparedness and response guidelines: http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=16984&Itemid
- Dengue clinical management guidelines: http://whqlibdoc.who.int/publications/2009/9789241547871_eng.pdf

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

DHEC contact information for reportable diseases and reporting requirements

Reporting of diseases is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2013 List of Reportable Conditions available at:

<http://www.scdhec.gov/health/disease/reportables.htm>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2013

Mail or call reports to the Epidemiology Office in each Public Health Region.

LOW COUNTRY PUBLIC HEALTH REGION

Berkeley, Charleston, Dorchester

4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405
Phone: (843) 953-0043
Fax: (843) 953-0051
Nights / Weekends: (843) 441-1091

Beaufort, Colleton, Hampton, Jasper

219 S. Lemacks Street
Walterboro, SC 29488
Phone: (843) 549-1516
Fax: (843) 549-6845
Nights / Weekends: (843) 441-1091

Allendale, Bamberg, Calhoun, Orangeburg

PO Box 1126
1550 Carolina Avenue
Orangeburg, SC 29116
Phone: (803) 268-5866
Fax: (843) 549-6845
Nights / Weekends: (843) 441-1091

MIDLANDS PUBLIC HEALTH REGION

Kershaw, Lexington, Newberry, Richland

2000 Hampton Street
Columbia, SC 29204
Phone: (803) 576-2749
Fax: (803) 576-2993
Nights / Weekends: (888) 554-9915

Chester, Fairfield, Lancaster, York

PO Box 817
1833 Pageland Highway
Lancaster, SC 29720
Phone: (803) 286-9948
Fax: (803) 286-5418
Nights / Weekends: (888) 554-9915

Aiken, Barnwell, Edgefield, Saluda

222 Beaufort Street, NE
Aiken, SC 29801
Phone: (803) 642-1618
Fax: (803) 643-8386
Nights / Weekends: (888) 554-9915

PEE DEE PUBLIC HEALTH REGION

Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion

145 E. Cheves Street
Florence, SC 29506
Phone: (843) 661-4830
Fax: (843) 661-4859
Nights / Weekends: (843) 915-8845

Clarendon, Lee, Sumter

PO Box 1628
105 North Magnolia Street
Sumter, SC 29150
Phone: (803) 773-5511
Fax: (803) 775-9941
Nights/Weekends: (843) 915-8845

Georgetown, Horry, Williamsburg

1931 Industrial Park Road
Conway, SC 29526-5482
Phone: (843) 915-8804
Fax: (843) 365-0085
Nights/Weekends: (843) 915-8845

UPSTATE PUBLIC HEALTH REGION

Anderson, Oconee

220 McGee Road
Anderson, SC 29625
Phone: (864) 260-5801
Fax: (864) 260-5623
Nights / Weekends: (866) 298-4442

Abbeville, Greenwood, Laurens, McCormick

1736 S. Main Street
Greenwood, SC 29646
Phone: (864) 227-5947
Fax: (864) 942-3690
Nights / Weekends: (866) 298-4442

Cherokee, Greenville, Pickens

PO Box 2507
200 University Ridge
Greenville, SC 29602-2507
Phone: (864) 372-3133
Fax: (864) 282-4373
Nights / Weekends: (866) 298-4442

UPSTATE PUBLIC HEALTH REGION (continued)

Spartanburg, Union

PO Box 2507
200 University Ridge
Greenville, SC 29602-2507
Phone: (864) 372-3133
Fax: (864) 282-4373
Nights / Weekends: (866) 298-4442

DHEC Bureau of Disease Control

Division of Acute Disease Epidemiology

1751 Calhoun Street
Box 101106
Columbia, SC 29211
Phone: (803) 898-0861
Fax: (803) 898-0897
Nights / Weekends: 1-888-847-0902



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